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21839 7590 08/09/2004

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/386,850 08/31/1999 ISABELLE ROSINSKI-CHUPIN 004900-169 1870

TITLE OF INVENTION: PEPTIDES AND POLYPEPTIDES DERIVED FROM THE SUBMAXILLARY GLAND OF THE RAT CORRESPONDING POLYCLONAL AND MONOCLONAL ANTIBODIES CORRESPONDING HYBRIDOMAS AND USES OF THESE PRODUCTS FOR DIAGNOSIS FOR DETECTION OR THERAPEUTIC PURPOSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1370 1370 \$300 \$1670 11/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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CANELLA, KAREN A 1642 436-063000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BURNS, DOANE, SWECKER  
& MATHIS, L.L.P.  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INSTITUTE PASTEUR

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature) Susan M. Dadio (Date)

Susan M. Dadio, #40,373 November 9, 2004

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